New Britain Parks and Recreation Presents...

Start Smart © BASSEBALL

The Six Classes run Thursdays at AW Stanley Park
Beginning May 20th, Ending on June 24th from 5:00pm to 6:00pm

Start Smart teaches children the basic motor skills necessary to play organized baseball while they work one-on-one and spend quality time with their parents.

For Only \$55, Introduce your young one to the wonderful game of Baseball

For Youth AGES 3-5 And Parents

SIGNATURE:

Deadline to Sign Up is Wednesday, May 19th

Registrations are accepted by mail, office, or online
For more information please contact Rex Cone at 860.612.5000.ext. 639
Or visit new-britain.net/recnpark

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PARTICIPANT'S NAME:			FEE ENCLOSED:		
ADDRESS:		CITY:		ZIP:	
HOME PHONE:	CELL PHONE:	CELL PHONE:		WORK PHONE:	
DATE OF BIRTH:	GRADE:	AGE:	GENDER: (cir	cle one) MALE FEMALE	
EMERGENCY CONTACT:		EMERGENCY PHONE:			
ACTIVITY NAME:	ACTIVITY NUMBER:		SESSION NU	SESSION NUMBER:	
	GUARDIAN I	NFORMATION (IF U	NDER 18)		
GUARDIAN NAME:			RELATIONSHIP:		
HOME PHONE:	CELL PHONE:		WORK PHON	WORK PHONE:	
I, the undersigned, being desirous of participating terms and conditions of participants: 1. I agree and understand the nature and risks. 2. I understand this event/program is a non-premployee of the City, any sponsor of the event. 3. If the participant in the event/program is a m.4. I give permission to the New Britain Participant in the program of the control	s associated with this activity, including the risk offit recreational event and agree to waive on a /program, or any volunteer assisting in the eveninor (under the age of eighteen (18) years old Recreation Dept. to photograph and video tag.	is of suffering personal injury and/ ny behalf, or the behalf of the parti- int/ program as a condition of my p), I represent that I am the parent of e myself and my heirs.	or property damage during the cou cipant, and claim I and/or the parti- participation. or legal guardian to consent to suc	cipant may have against the City, any agent or	

DATE:

☐ YES ☐ NO Do you or your child have special needs? If yes, guardian is responsible for completing Health Form A and attaching it to this application.

EMAIL: